



CREDIT CARD PAYMENT AUTHORITY

All Transactions Over \$500.00 must be accompanied by this form.

NOTE: Due to increased credit card fraud, please attach a copy of both your **credit card** and **driver's licence** to this form. Forms submitted without this information will **NOT** be approved.

NAME: _____

ADDRESS: _____

SUBURB: _____ **STATE:** _____ **P.CODE:** _____

PHONE: (____) _____ **MOB :** _____

(OFFICE USE ONLY – NUMBER VERIFIED) _____

I hereby authorise Sydney City Motorcycles to charge my credit card:

VISA **MASTERCARD** **BANKCARD** **AMEX**

CARD NUMBER: _____

EXPIRY DATE: ____ / ____ **CCV:** _____

CARDHOLDER NAME: _____

SIGNATURE: _____

DATE: ____ / ____ / ____ **AMOUNT:** \$____.____

PAYMENT FOR: _____

- **PLEASE RETURN THIS FORM VIA EMAIL ASAP:**

weborders@sydneycitymotorcycles.com.au

OFFICE USE ONLY:

ACCOUNT APPROVED BY: _____ / /

MANAGING DIRECTOR: _____ / /

FINANCIAL CONTROLLER: _____ / /

APPROVAL ROUTING ORDER:
(PLEASE INITIAL UNDERNEATH YOUR TITLE AND PASS ON TO THE NEXT PERSON)

MD – FIN CONTROLLER (FILE)